

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 869637	RECEIPT DATE:	07 / 02 / 01
IA NUMBER:	PCT/ GB99 / 04343	IA FILING DATE:	12 / 22 / 99
FAMILY NAME:	GOLDBERG	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	RICHARD M.	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 06 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	302/1/013	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: RICHARD M GOLDBERG

STREET: 25 EAST SALEM STREET

CITY: HACKENSACK

STATE/COUNTRY: NJ ZIP: 07601

EMAIL:

APPLICATION TITLES:

ULTRASONIC VISUALISATION SYSTEMS

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 5754

SERIAL NUMBER 09/869,637	FILING DATE 01/15/2002 RULE	CLASS 348	GROUP ART UNIT 2613	ATTORNEY DOCKET NO. 302/1/013
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APPLICANTS

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**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/GB99/04343 12/22/1999 *A.O. (Yes)*

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 99 00 133.1 01/06/1999 *A.O. (Yes)*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

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TITLE *Title Change - See Paper #6/B*
Ultrasonic visualisation systems

FILING FEE RECEIVED 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit